

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 97  
Registered No. 246

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Weldon Chadwick Grade  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.  
4. Twin, triplet or other. \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth 12-1-28  
Month Day Year

8. FATHER Full name <u>Weldon Konlie Grade</u>		14. MOTHER Full maiden name <u>Edith Helen Chadwick</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Ariz</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Silver City N Mex.</u> (State or country)		18. Birthplace (city or place) <u>Hurdland Mo</u> (State or country)	
13. Occupation <u>Lumberman</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?  
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:30 m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]  
Address Globe, Ariz  
Filed 1/4 1929 E. E. Wightman Registrar

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_

675-1201-532